

Name in Full

Certificate of Death

Lewis Barlowe -

Town

County

MARYLAND

Died at

Mount View

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

43 - May 20

Age

57-5-10

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Mary Elizabeth Barlowe -

Wife

Father's

Name

Joseph Blodow -

Mother's

Maiden Name

Anna Horwood -

Cause of

Primary

Cerebral

How long sick

16 days

Death

Immediate

Lavie Abernethy

18

Accident, Suicide, Homicide

Reported by

Dunwiddie &amp; Son -

Address

West,

Friendship -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Infant

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

24

Died at	Town	County	MARYLAND		
Date of death 1903	Month May	Day 22	Years —	Months —	Days 10
Sex Female	Color or Race	white	Birth- place	Lisbon, Md.	
Married, Single or Widowed	Occupation				
Name of Wife or Husband	—		—		
Father's Name	Mary Clinton Brightwell		Father's Birthplace	Carroll Co. Md	
Mother's Maiden Name	Ella May Allen		Mother's Birthplace	" " "	
Name of person giving Information	Mary Clinton Brightwell		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bronchitis birth	151	How long
Immediate	Convulsions		How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

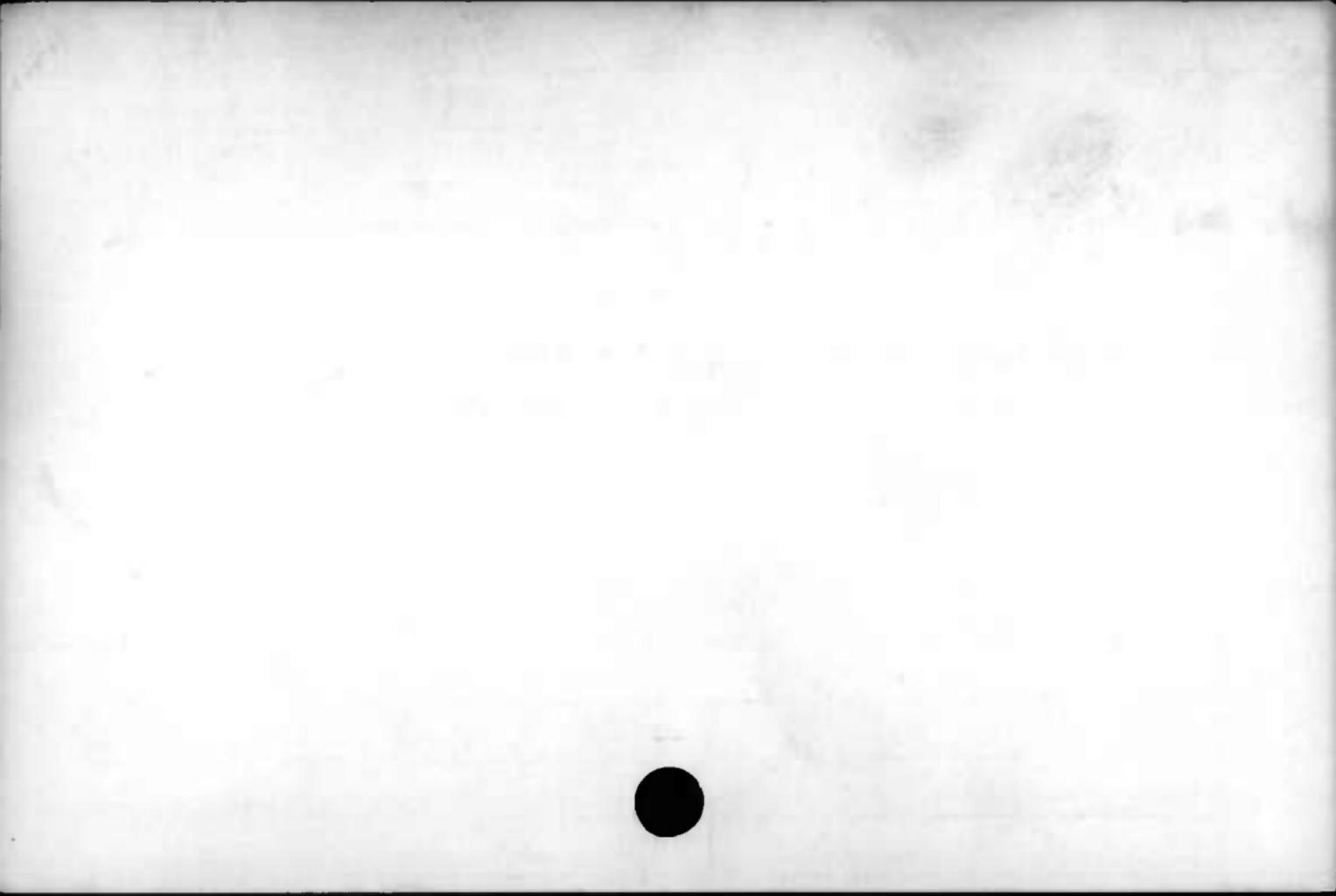
R.O. Wurfield

Yes -

Address

Lisbon, Md.

Accident or Suicide?



Name in Full

Certificate of Death

E. Burke

Died at Ellicott City County Howard MARYLAND

Date 1903	Month <u>May</u>	Day <u>30</u>	Y.	M.	D.	Native of <u>Md</u>	Occupation
Male	White	Age -	Married	Widow	<del>Divorced</del>		
Female	<del>Colored</del>	Single		Widower	Number of children living		

Husband of White

Father's Name M. J. Burke

Mother's Maiden Name M. H. Sweeney

Cause of Death I still born

Primary

Immediate Pressure on Cord

How long sick

Accident, Suicide, Homicide

Reported by

B. J. Byrne

Address

Ellicott City, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.







Name  
in  
Full

Thomas Grings Jones  
Carroll, Maryland

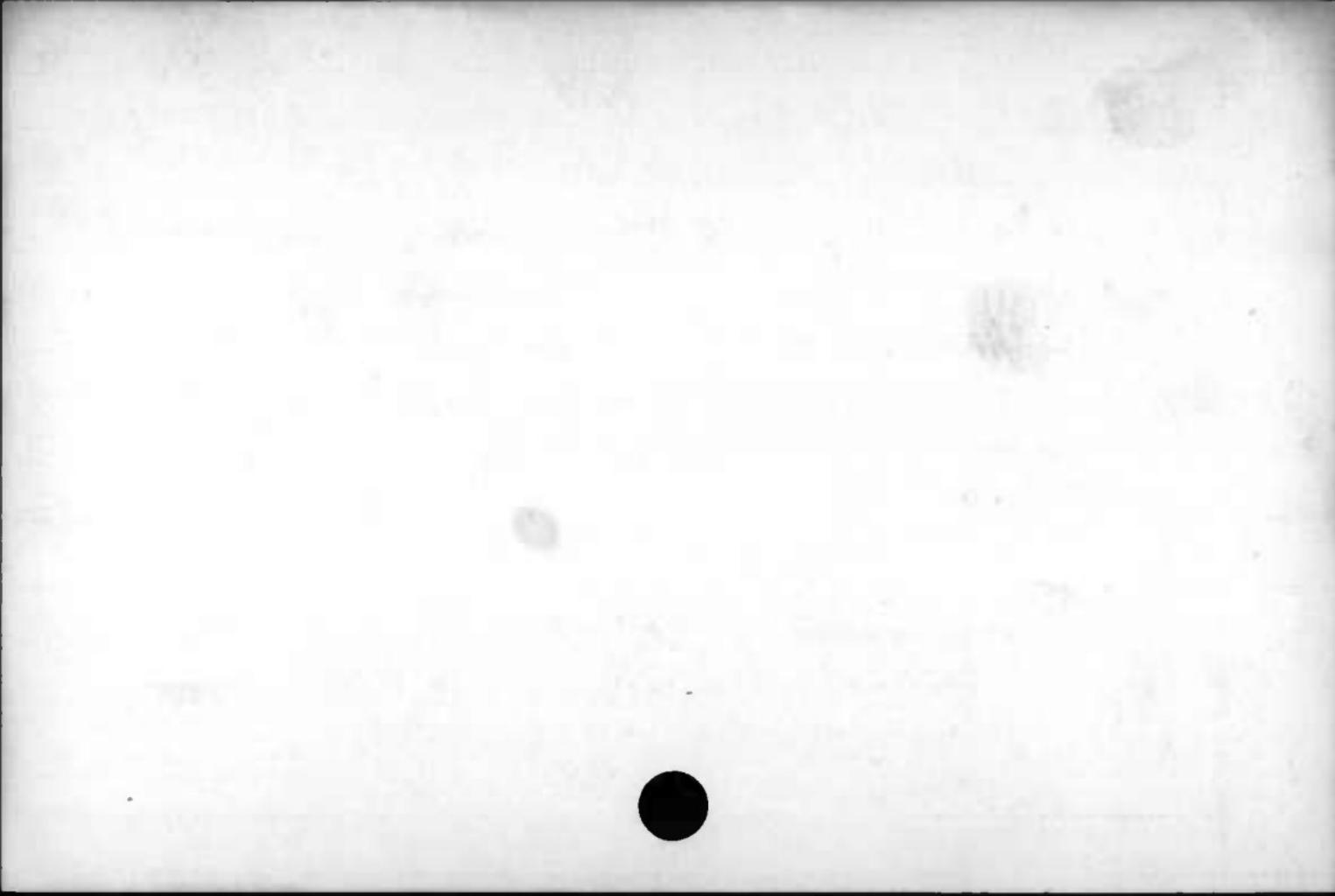
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 8	Day 17	Years 66	Months 6	Days
Sex Male	Color or Race White	Occupation	Washer		
Married, Single or Widowed Single					
Name of Wife or Husband Emma Brian					
Father's Name Charles A. Jones				Father's Birthplace Ellicott City	
Mother's Maiden Name Anna Brian				Mother's Birthplace Baltimore	
Name of person giving information T. Grings				Newly related to deceased	No relatives

CAUSES OF DEATH

Primary	Inflammation of bowels	How long	5 days
Immediate	Necrosis & gangrene	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. H. Grings
Yes		Address	Ellicott City
Accident or Suicide?			



Name  
in  
Full

Michael Newbauer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Sarscys	Howard		
Date of death 1905	Month May	Day 29	Years 58
Age	Months 4	Days 7	
Sex male	Color or Race white	Birth-place Germany	
Married, Single or Widowed Married	Occupation Farmer		
Name of Wife or Husband X			
Father's Name T		Father's Birthplace T	
Mother's Maiden Name T	KT	Mother's Birthplace T	
Name of person giving information T		How related to deceased T	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Dropsey

How long  
3 months

Immediate

Hart failure

How long  
about 1 month

Are the name, age, sex, color, date and place correctly given above?

yes

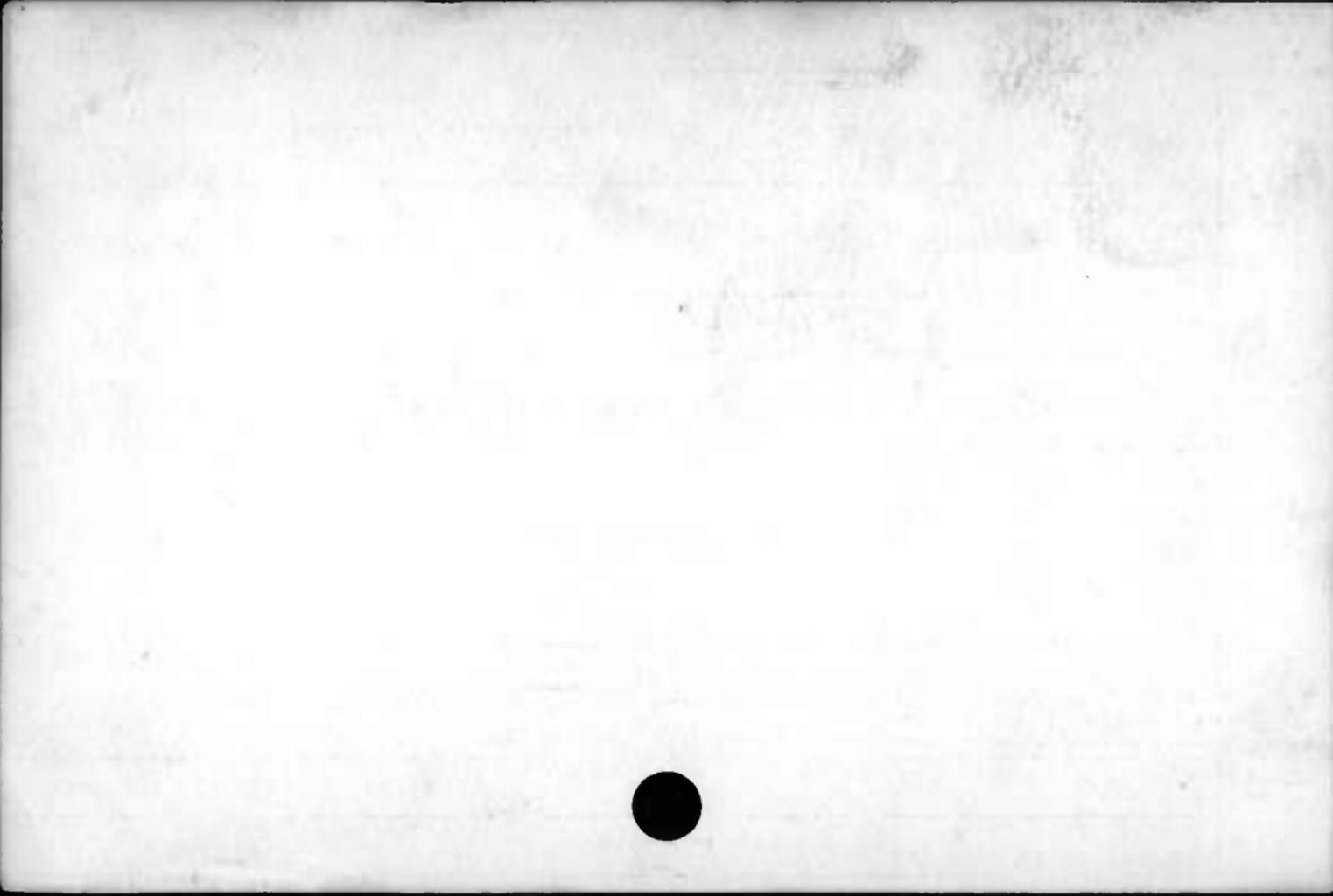
Signature of Physician

Harrison Tongue

Address

Ellinidge Md

Accident or Suicide?



Name  
in  
Full

Ann C. Phelps

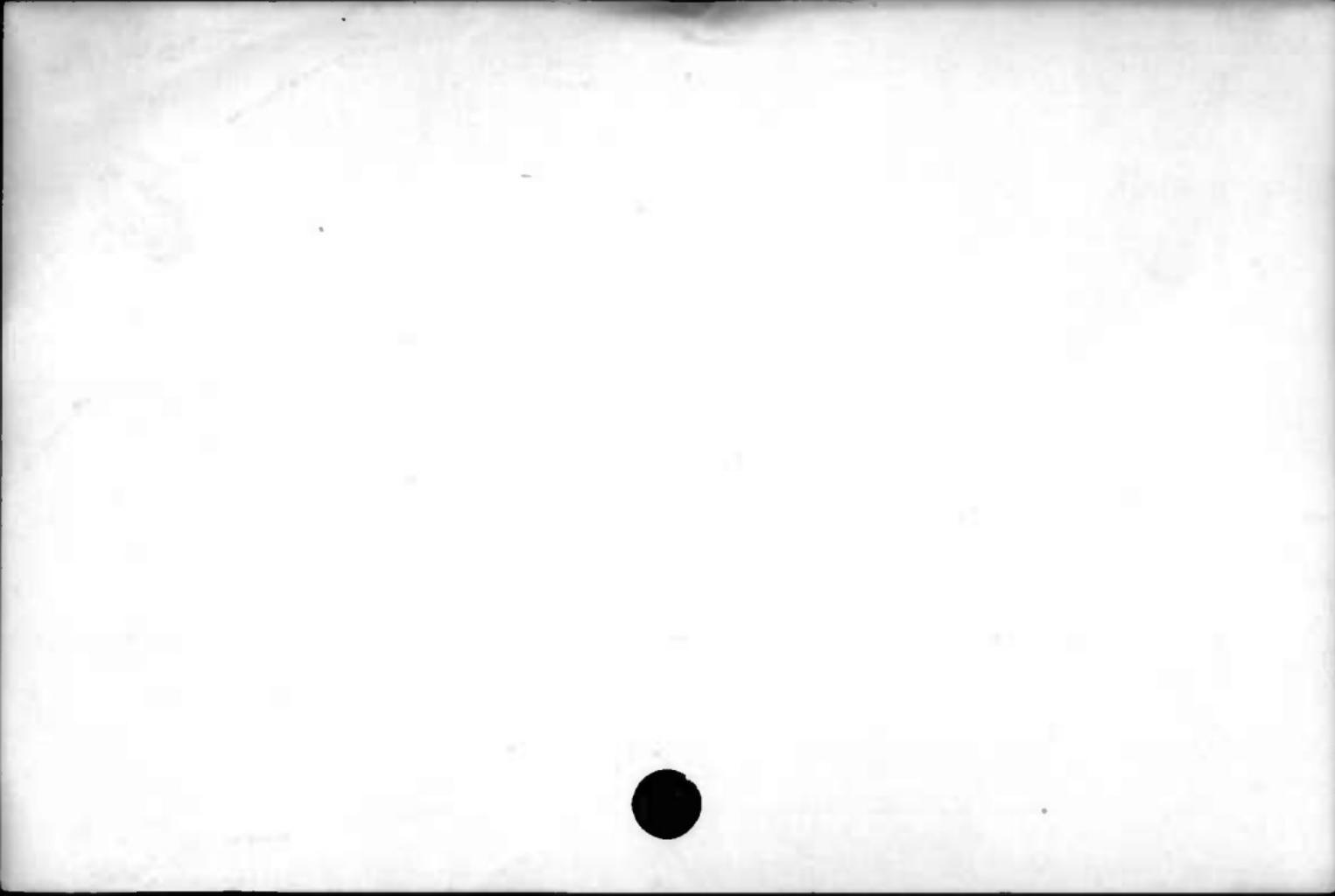
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Savage	Howard				
Date of death 1903	Month	Day	Years	Months	Days
	May	23 <sup>rd</sup>	64	2	10
Sex	Color or Race	white	Birth- place	Md.	
Married, Single or Widowed	Occupation				
Widow	Housewife				
Name of Wife or Husband	dawn Phelps				
Father's Name	B. Bryant				
Mother's Maiden Name	Sarah Jones				
Name of person giving Information	R. B. Phelps				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cirrhosis of Liver ✓✓	How long	10 years
	Immediate	Exhaustion	How long	2 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. W. Thompson M.D.	
Yes		Address	Savage	
Accident or Suicide?			Md.	



Abrau Porter,

Died at River,

Town

County

MARYLAND

Date 1973.

Month May Day 22

Y. M. D.  
86-10-Native of  
MontgomeryOccupation  
Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

10

Husband of

Harriet E. Smith

Father's

Mother's

Name

Maiden Name

Cause of

Primary

General Debility

How long sick

6 months

Death

Immediate

Heart Failure &amp; Weakness

Accident, Suicide, Homicide

Reported by

Julius Fabro &amp; Son

Address

West

Friendship

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Charles F. Ridgley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

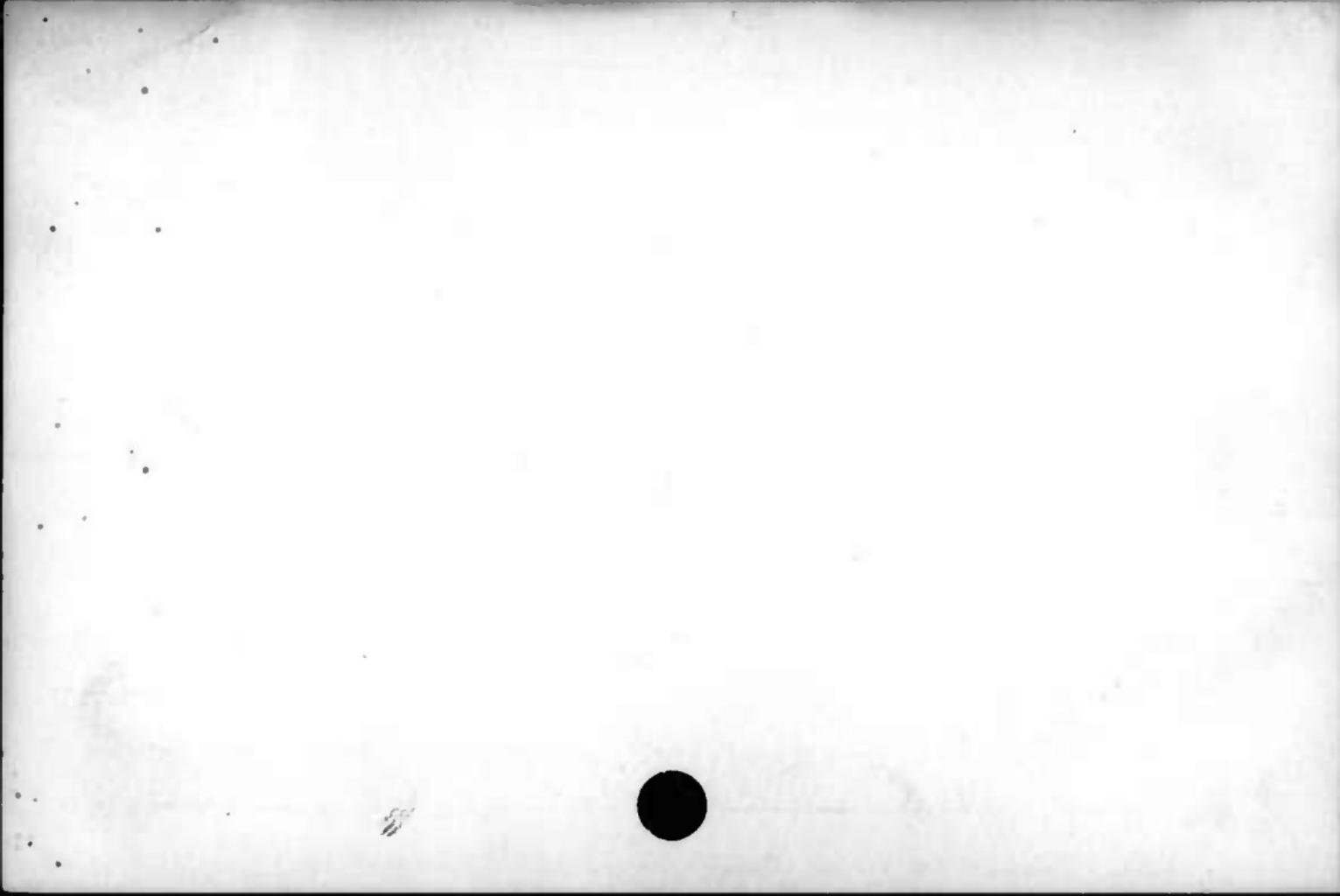
243

Died at	Town	County	MARYLAND
Poplar Springs	Howard.		
Date of death 1903	Month	Day	Years Months Days
	May.	4	34 6 .
Sex	Male.	Color or Race	White
Married, Single or Widowed	Married	Occupation	Farmer.
Name of Wife	Daisy F. Ridgley		
Father's Name	Richard Ridgley.	Father's Birthplace	Maryland.
Mother's Maiden Name	Susan Holland.	Mother's Birthplace	Maryland.
Name of person giving Information	Daisy F. Ridgley 61	How related to deceased	Widow.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Meningitis (cerebral) following exposure and cold.	How long	17 days.
Immediate	Asthenia.	How long	3 days.
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	J.W. Lacy.
		Address	Lisbon Md.
Accident or Suicide?	No.		



Name  
in  
Full

Elizabeth N. Snowden

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Glenwood.</u> Town			County <u>Howard.</u>		MARYLAND	
Date of death 1903.	Month May.	Day 7	Years 86	Months 9.	Days	
Sex Female.	Color or Race white.	Birth-place <u>Glenwood, Md.</u>				
Married, Single or Widowed	Widow.	Occupation None.				
Name of Wife or Husband _____						
Father's Name	<u>Dr Gustavas Warfield.</u>					Father's Birthplace <u>Maryland,</u> <u>Wiley Hall.</u>
Mother's Maiden Name	<u>Mary Thomas.</u>					Mother's Birthplace <u>Pas.</u>
Name of person giving Information	<u>Mrs. W. T. Dorsey</u>					How related to deceased Daughter

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Fracture of femur.</u>		How long <u>About 6 month</u>
Immediate	<u>Anemia.</u>		How long <u>One week.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J.W. Sacy-</u>	Address <u>Lisbon, Howard Co., Md.</u>
Accident or Suicide?			



Carolina Theresa Stinz

Town

County

Died at Elk Ridge

Howard

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	May	29	72	-10-	29	Germany	Housewife
Male	White		Married	Widow		Divorced	
Female	Colored		Single	Widower		Number of children living	5

Husband of William Ferdinand Stinz

Wife Father's Name August Volkland Mother's Maiden Name Carolina Freitag

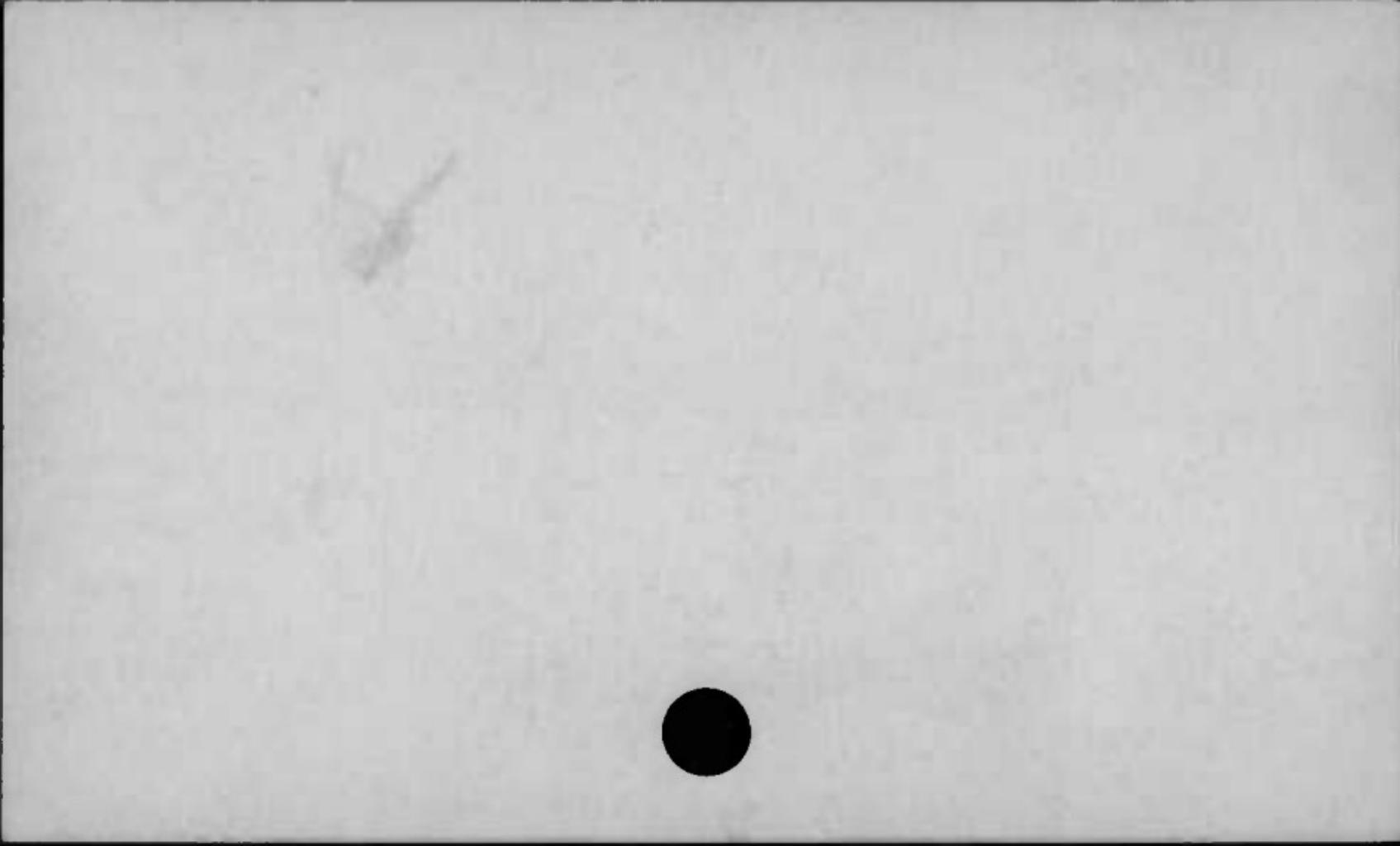
Cause of Death Primary Arterio Sclerosis (Senile) How long sick about 18 mos.

Death Immediate Cerebral softening - exhaustion Accident, Suicide, Homicide

Reported by Wm R. Eareckson

Address Elk Ridge, Md. [Redacted] 81

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

John Henry Thomas

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
3 May	May	15	Age	71	
Sex	male	Color or Race	Black	Birth-place	Md
Married, Single or Widowed	Married	Occupation	Labour	Father's Birthplace	
Name of Wife or Husband	Martha	Martha Thomas	Martha Thomas	Mother's Birthplace	
Father's Name				How related to deceased	Physician
Mother's Maiden Name					
Name of person giving Information	S A Nichols				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Apophy

How long

2 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

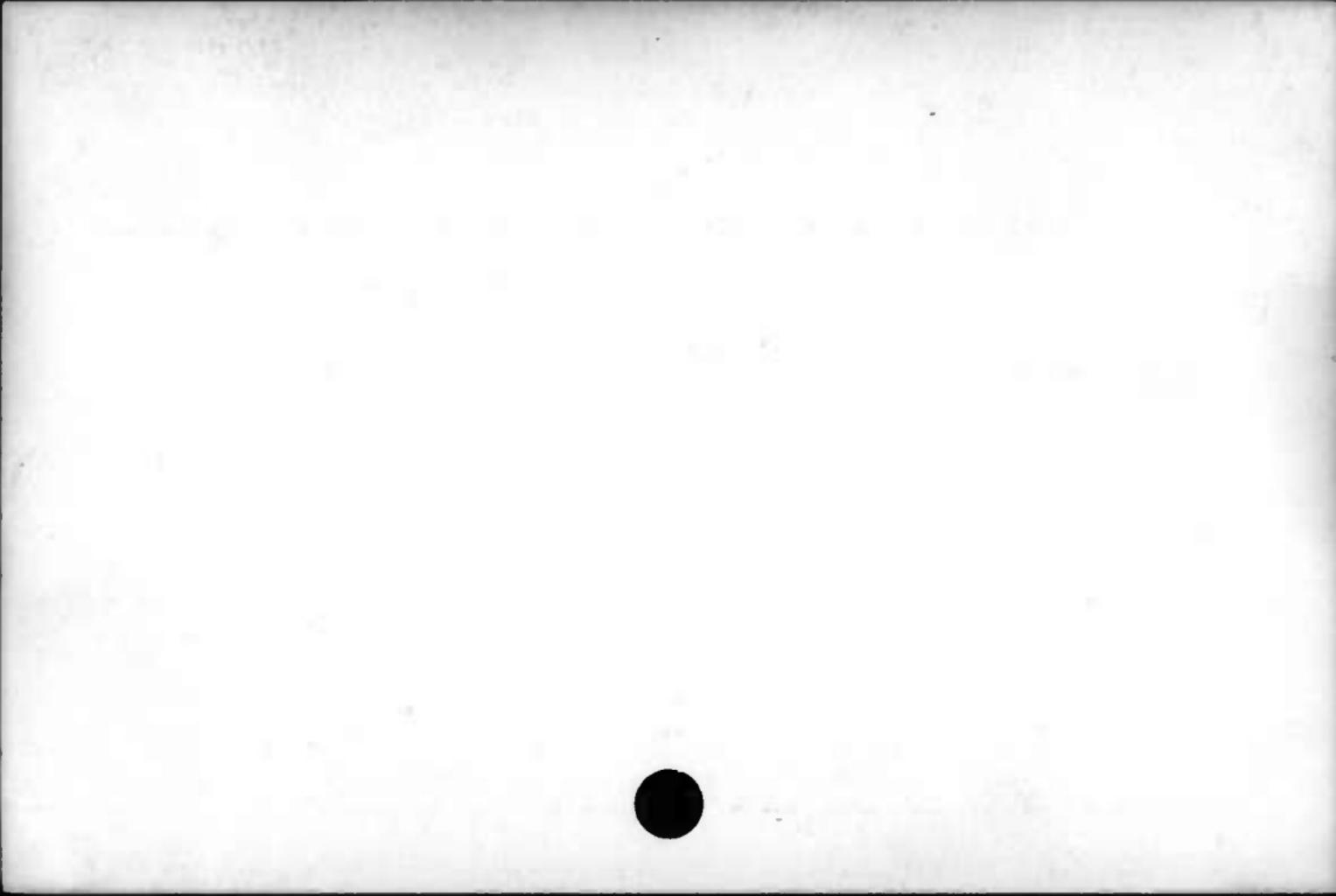
Yes

Signature of Physician

Address

S A Nichols  
Dayton Md

Accident or Suicide?



Mary Agnes Uncle  
 Town Elk Ridge County Howard MARYLAND  
 Died at Elk Ridge Native of Thorndorf more  
 Date 1903 Month May Day 3 Age Married Widower Occupation  
 Male White Divorced  
 Female Colored Widower Number of children living  
 Husband of  Wife   
 Father's Name Benjamin Uncle Mother's Name Annie Uncle  
 Cause of Death Primary Difficult labor with How long sick  
 Immediate injuries resulting therefore Accident, Suicide, Homicide  
 Reported by Arthur Millions M.D.  
 Address Elk Ridge Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary A. Ward

Town

County

Died at

Ellicott City

MARYLAND

Month

Day

Y.

M.

D.

Native of

Date 1903

May 27

Age 72 100 23

Md

Occupation

Housewife

Mrs.

Wife

Female

Colored

Married

Single

Widow

Widower

Divorced

Number of children living

Dollars

Husband of Wm. Ward

Wife

Father's

Name

Unknown

Mother's

Maiden Name

Unknown

Cause of

Primary

Epilepsy

109

How long sick

Death

Immediate

Obstruction of bowels

Accident, Suicide, Homicide

Reported by

William E. Hodges

Address

Ellicott City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Jessie Marguerite Wittmann

Town

County

MARYLAND

Died at

Howard

Date 1903

Month May Day 24

Y. 18

M.

D.

Native of

Occupation

Male

Age 18  
Married

Widow

Divorced

Female

Single

Widower

Number of children living

None

Husband

of Chas J Wittmann

13

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Comed by septicemia

How long sick

Parturition with hemorrhage for 16 days

Death

Immediate

Hemiplegia ft. cordicæ

Accident, Suicide, Homicide

Embolism

Reported by

Arthur Williams M.D.

Address

O'R Ridge

Howard Co., d



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <input checked="" type="checkbox"/>	Town <input type="text"/> in	County <input type="text"/> Howard Co	MARYLAND		
Date of death 190 <input type="text"/> 3	Month <input type="text"/> May	Day <input type="text"/> 9 <sup>th</sup>	Years <input type="text"/> still Born	Months <input type="text"/>	Days <input type="text"/>
Sex <input type="text"/> male	Color or Race <input type="text"/> white	Birth-place <input type="text"/> in Howard Co			
Married, Single or Widowed <input type="text"/>	Occupation <input type="text"/> none				
Name of Wife or Husband <input type="text"/>	Father's Name <input type="text"/> Chas J Wittmann	Father's Birthplace <input type="text"/> Germany			
Mother's Maiden Name <input type="text"/> Jessie Margaret Adams	Mother's Birthplace <input type="text"/> Maryland				
Name of person giving information <input type="text"/> Chas J Wittmann	How related to deceased <input type="text"/> Father				
<b>CAUSES OF DEATH</b>					

PHYSICIAN OR CORONER	Primary <input type="text"/> Hemorrhage in utero	How long <input type="text"/> still Born
	Immediate <input type="text"/> Hemorrhage in utero	How long <input type="text"/> " "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <input type="text"/> Arthur Willions
		Address <input type="text"/> Elk Ridge Howard
Accident or Suicide? <input type="checkbox"/>		

